

**Arizona Department of Health Services**  
Office for Children with Special Health Care Needs

**Annual Plan**  
**Quality Management**

**Contractor:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_

**Mission:** (Describe the mission of your specific program as it relates to Service Coordination)

**Scope of Care:** (Identify the populations and geographical area served by your program)

**Goals:** (What are your goals for improving the quality of your services during the contract year?)

**Data Collection:** (Identify your method for obtaining, reviewing & reporting quality management data)

**Review/Analysis/Planning/Implementation:** (Who will participate in the review, analysis, planning and implementation of quality improvement activities at your agency?)

**Assessment of Effectiveness:** (How will you assess your effectiveness and who will participate?)

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**Feedback System:** (What mechanism will you use to provide feedback to your team?)

**Quality Improvement Indicators:**

1. Child File Audit (Required)
2. Contract Compliance/Site Visit (Required)
3. Increase in Services (Required)

**Responsibility:** (Identify the individuals that will have responsibility for developing the Annual plan, collecting data, reviewing and analyzing results, developing and implementing strategies for improvement and assessing effectiveness).